III. INTRODUCTION TO COLLABORATING WITH LOCAL STAKEHOLDERS

Identifying and addressing community issues of inappropriate discharge and creating policies of homelessness prevention are tasks that must be done in consultation with many local stakeholders. Homeless services providers who are experiencing the results of discharges to streets and shelters may not already have relationships with any or all of the key institutions whose clients are at risk of homelessness. Identifying issues and stakeholders, and making progress towards solutions and the creation of additional resources, requires building new relationships and understanding the views and challenges of other key actors.

Data collection, which was addressed in the previous section, may precede or follow a more qualitative understanding of problems of discharges to homelessness. Frustration may be high on both sides. Shelters may be receiving newly homeless people from public and private systems of care. Workers in hospitals, jails and prisons, and treatment centers may be finding few community resources to support their clients upon discharge.

The needed community partnerships can be built starting at the front line, and many health care providers and advocates have ready access to their counterparts in other systems. In Massachusetts, the Massachusetts Housing and Shelter Alliance (MHSA) began its work on discharge issues by hearing from shelter providers within its statewide membership. Providers reported seeing many newly homeless people from corrections and foster care, for example.

MHSA then moved its work to the front lines of state systems, inviting in any interested worker to talk about the realities and challenges of discharge. Where were the best resources? Where were the barriers? Were there good information resources for referrals and placements? Where did program gaps exist? What are the fiscal pressures in public systems?

MHSA convened four "conversations" with providers from other systems. These events were both informal and interactive. Care was taken to invite a full range of systems to the table, to offer resources that could assist workers in identifying problems and solutions, and to cast a broad net in focusing each of the sequential "conversation" events.

For example, it was useful in Massachusetts to invite corrections and mental health workers from neighboring states, because anecdotal information pointed to their use of public transit and Massachusetts' more numerous resources in serving their clients. MHSA convened a series of four conversations over two years with front line staff from public and private hospitals, state and county corrections facilities, primary health care facilities, substance abuse treatment facilities, and other sites.

For the idea of homelessness prevention to be expanded in new directions and then continue, there must be ongoing and evolving conversations, including both front line

and management in systems of care. Tools for Convening Conversations with Local Stakeholders [LINK to document III. B.] includes sample meeting agenda points from some of MHSA's events. MHSA also used hypothetical situations to increase interactive discussion and identify problem areas in systems. Finally, discussion summaries were provided to participants to build ongoing communication and create cohesion in the stakeholder groups.